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TRANSMITTAL FORM	Application Number	10/650,038	
	Filing Date	August 28, 2003	
	First Named Inventor	Michael HAISCH	
	Art Unit	2872	
	Examiner Name	Amel Lavariaz	
(to be used for all correspondence after initial filing)			
Total Number of Pages In This Submission	10	Attorney Docket Number	0902-005

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks A nine (9) page response to a restriction requirement is being submitted via facsimile to 703-872-9306.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Potomac Patent Group, PLLC		
Signature	<i>Krishna Kalidindi</i>		
Printed name	Krishna Kalidindi		
Date	February 25, 2005	Reg. No.	41,481

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Krishna Kalidindi</i>		
Typed or printed name	Krishna Kalidindi	Date	February 25, 2005

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Application No. 10/650,038
Docket No. 0902-005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	
)	
Michael HAISCH et al.)	Group Art Unit: 2872
)	
Application No.: 10/650,038)	Examiner: Arnel C. LAVARIAS
)	
Filed: August 28, 2003)	Confirmation No. 6948
)	
For: MICROSCOPY SYSTEM, MICRO-)	
SCOPY METHOD AND A METHOD)	
OF TREATING AN ANEURYSM)	

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated January 25, 2005, Applicants elect claims in Group II for examination with traverse. Applicants also request entry of the following amendments.

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper

Remarks/Arguments begin on page 9 of this paper.